

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
APPLICANT(S)

FILING DATE
03-10-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	2					
4	1					
5	2					
6	1					
7	1					
8	1					
9	1					
10	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	35					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						